Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

					-		CANDI	DATE	COM	ATTEE		LOB	BYIST	
Filer Identificat	ion 2	0130291			Repo Filed		CANDI	DATE	COM	MITTEE	✓	LOBI	51151	
Name of Filing (Committee, Car	didate or L	obbyist:		CITIZE	NS FO	R JASON	ORTITA	Y					
Street Address:	228 OSTO	P ROAD												
City:	BURGETTS	STOWN					State:	PA		Zip Co	de: 15	021		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	IDAY PRE	- 2.	30 DA PRIM		POST- 3	. X	AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR		E- 5.	30 D/ ELEC		POST- 6		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPO	DRT 7.	Year 20)24			NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Cand	lidate:			-		DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR			REP		
							11	5	2024		(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of		ы мо	DAY	YEAR	2		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditures	s from:		4	9 2	024	ГО	5	13	2024					
A. Amount Bro	ught Forward I	From Last F	Report			\$		2	21,267.42					
B. Total Monet	ary Contributio	ons And Re	ceipts (F	rom Sche	dule I)	\$		10,300.00						
C. Total Funds Available (Sum Of Lines A and B)						\$		3	31,567.42					
D. Total Expen	ditures (From	Schedule I	II)			\$		1	.4,526.77					
E. Ending Cash	Balance (Subt	ract Line D	From Li	ne C)		\$		1	7,040.65	-				
	Kind Contribut		•		le II)	\$			0.00	-				
G. Unpaid Deb	ts And Obligati	ons (From	Schedule	e IV)		\$			0.00					
				AFF	IDAV	IT SE	CTION							
PART I - If this i		• •		-						-		vledge	and holi	of true
correct and compl	ete.	-	e attached	a schedule.	s med of	грарег	or by elect		iuni, are to	the best t	n niy kilov	vieuge		er, true
Sworn to and subs	scribed before me day of	this	20						Signatur	e of Perso	on Submitt	ing Rep	ort	
	Sigi	nature				_				Prir	nted Name	1		
My Commission E	xpires									Ema	ail			
	мо	D	AY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a	candidate's	authoriz	zed Comn	nittee,	Candid	ate shall	sign her	e.					
I swear (or affirm) No 320) as amend		of my know	edge and	belief this	s politica	l comm	ittee has n	ot violate	d any provis	sions of th	e act of Ju	une 3,19	937 (P.L	. 1333,
Sworn to and subso		this							5	Signature	of Candida	ate		
	day of 					_				Printe	ed Name			
	Signat	ure				_								
My Commission Exp	pires									Ema	ail			
	мо	C	AY	YR	ł	_		Area Co	ode	D	aytime To	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	8			
Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR JASON ORTITAY	From:	<u>4/9/202</u>	<u>24</u> To:	<u>5/13/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	200.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	J Period	(2)	\$	200.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	9,100.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting	J Period	(3)	\$	10,100.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	d enter am ge, Item B.	ount)	\$	10,300.00

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candida	Name of Filing Committee or Candidate R				Reporting Period						
CITIZENS FOR JASON ORTITAY				om:	<u>4/9/20</u>		<u>5/13/2024</u>				
					DATE AMOUNT						
Full Name of Contributing Committee FOP FORT PITT #1				мо	DAY	YEAR					
Mailing Address 11428 BANKSVI	LLE RD.			4	25	2024	\$	200.00			
City PITTSBURGH	State PA	Zip Code (Plus 4 15216	4)								
	-						Г	PAGE TOTAL			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								200.00			

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidate Reporting Period									
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00									

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	g Period			
CITIZENS FOR JASON ORTITAY			From:	<u>4</u> /	<u>/9/2024</u>	То:	<u>5/13/2024</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
MSOA PAC							\$ 1,000.00
Mailing Address 200 RACETRACK RD.	PO BOX 253			4	12	2024	
City MEADOWLANDS	State	Zip Code	e (Plus 4)				
	PA	15347					
Full Name of Contributing Committee				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 200 RACETRACK RD.	PO BOX 253			4	25	2024	φ 1,000.00
City MEADOWLANDS	State	Zip Code	e (Plus 4)	4	25	2024	
	PA	15347					
Full Name of Contributing Committee							
BALD KNOB PAC				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 1009 BEAVER GRAD	E RD. STE. 210			4	18	2024	· · · · · · · · · · · · · · · · · · ·
City MOON TOWNSHIP	State	Zip Code	e (Plus 4)		10	2024	
	PA	15108					
Full Name of Contributing Committee MALADY AND WOOTEN PAC				мо	DAY	YEAR	
Mailing Address 604 N. 3RD ST.						1	\$ 300.00
City HARRISBURG	State	Zip Code	e (Plus 4)	5	9	2024	
	PA	17113					
						1	
Full Name of Contributing Committee K&L GATES LLP				мо	DAY	YEAR	t 200.00
Mailing Address 210 SIXTH AVE.				_			\$ 300.00
City PITTSBURGH	State	Zip Code	e (Plus 4)	5	9	2024	
	PA	15222					
Full Name of Contributing Committee	1	I					
ENTERPRISE HOLDINGS INC. PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 600 CORPORATE PAR						2024	÷ 500.00
City ST. LOUIS	State	Zip Code	e (Plus 4)	5	9	2024	
	мо	63105					

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Full Name of Contributing Committee			мо	DAY	YEAR	
LOCAL 66 CLUB PAC				DAI		\$ 5,000.00
Mailing Address 111 ZETA DR.				13	2024	-,
City PITTSBURGH State Zip Code (Plus 4)				15	2024	
	РА	15238				
Enter Grand Total of Part C on Sched	\$ PAGE TOTAL 9,100.00					

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period					
CITIZENS FOR JASON ORTITAY			From:		<u>4/9/2</u>	<u>024</u> T	o :	<u>5/13/2024</u>		
				DA	TE			AMOUNT		
Full Name of Contributor CRAIG COZZA				мо	DAY	YEAR	\$	1,000.00		
Mailing Address 295 MYOMA RD.				4	30	2024	1			
City MARS	State	Zip Code (Plus	; 4)							
	PA	16046								
Employer Name COZZA ENTERPRISES	LLC			Occupat	ion	PRESID	ENT			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)		
215 BOYDS RUN RD.		PRESTO			PA		151	42		
Enter Grand Total of Part C on Schee	dule I, Detailed Su	immary Page,	Sectio	on 3.			\$	PAGE TOTAL 1,000.00		

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candida	ite		Report	ing Perio	od				
						То:			
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	I	I					I		
			.					PAGE TO	TAL
Enter Grand Total of Part E on Sch	edule I, Detailed	i Summary Page,	Section	4.			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
CITIZENS FOR JASON ORTITAY	From:	<u>4/9/2024</u> то:	<u>5/13/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				*		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,		PAGE TOTA	L
						\$		0.00

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Re	porting l	Period		
			Fro	From:			
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)				
Employer of Contributor	•	•	Occupation				·
Employer Mailing Address/Principal Plac	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kin	d Contributions I	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
CITIZENS FOR JASON ORTITAY			From	<u>4/9</u>	9/2024	То:	<u>5/13/2024</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
RGB POLITICS									
Mailing Address 3031 LOGAN ST.			4	12	2024	\$	106.00		
City CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17011	GRAPHI	C DESIGN					
To Whom Paid USPS			мо	DAY	YEAR				
Mailing Address 1620 SMITH TOWNS	SHIP STATE RD.		4	15	2024	\$	2.35		
City ATLASBURG	State	Zip Code (Plus 4)	Description of Expenditure						
PA 15004			POSTAG	POSTAGE					
To Whom Paid ALLEGHENY COUNTY OF REPUBLICAN WOMEN			мо	DAY	YEAR				
Mailing Address 8 CLOVELLY RD.			4	15	2024	\$	250.00		
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1			
	РА	15202	DONATION						
To Whom Paid TODD KRICKS DESIGNS			мо	DAY	YEAR				
Mailing Address 131 CLOVER LANE			4	19	2024	\$	765.12		
City PALMYRA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17078	PRINTIN	NG					
To Whom Paid TRUE FIT MARKETING			мо	DAY	YEAR				
Mailing Address 1000 HORIZON VUE	DR.		4	23	2024	\$	6,275.00		
City CANONSBURG	State	Zip Code (Plus 4)	Descrip	i tion of Exp	enditure				
	РА	15317	CONSU	LTING					
To Whom Paid RCAC			мо	DAY	YEAR				
Mailing Address 100 FLEET ST. STE.				23	2024	\$	5,000.00		
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	I			
	РА	15220	DONAT	ION					

								FAGE 13	
To Wł	nom Paid			мо	DAY	YEAR			
PA BAVARIAN OKTOBERFEST									
Mailing Address 68 EAST PIKE ST. SUITE 104				4	24	2024	\$	250.00	
City	CANONSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15317	DONAT	ION				
To Whom Paid					DAY	YEAR			
NATES CHOPHOUSE									
Mailing Address 1900 MAIN ST.					25	2024	\$	415.72	
City	CANONSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15317 EVENT						
To Whom Paid					DAY	YEAR			
RYAN A. PACELLA MEMORIAL FUND									
Mailing Address 1961 MCINTOSH DR.				4	26	2024	\$	100.00	
City	MECHANICSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		PA 17065 DONATION							
To Whom Paid					DAY	YEAR			
TOP GOLF									
Mailing Address 400 PRESTO SYGAN RD.				5	8	2024	\$	1,061.72	
City	BRIDGEVILLE	DGEVILLE State Zip Code (Plus 4)			Description of Expenditure				
		PA	15017	EVENT					
To Whom Paid				мо	DAY	YEAR			
OFFICE MAX				HO I					
Mailing Address 2201 PARK MANOR BLVD.				5	13	2024	\$	50.86	
City	PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	15205	5 PRINTING					
To Whom Paid					DAY	YEAR			
TREVOR POPECK FOUNDATION INC				мо					
Mailing Address PO BOX 127				5	13	2024	\$	250.00	
City	MEADOW LANDS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		PA	15347	DONATION					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL	
							\$	14,526.77	
								1,520.77	